

# PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

09/938784

## CLAIMS AS AMENDED - PART II

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| AMENDMENT   | (Column 1)                       |       | (Column 2)                         |   | (Column 3)    |
|---|----------------------------------|-------|------------------------------------|---|---------------|
|   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR |   | PRESENT EXTRA |
| Total   | * 30                             | Minus | ** 32                              | = |               |
| Independent   | * 6                              | Minus | *** 8                              | = |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |   |               |

1.24.05

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X43=             |                | OR | X86=             |                |
| +140=            |                | OR | +280=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

| AMENDMENT   | (Column 1)                       |       | (Column 2)                         |   | (Column 3)    |
|---|----------------------------------|-------|------------------------------------|---|---------------|
|   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR |   | PRESENT EXTRA |
| Total   | *                                | Minus | **                                 | = |               |
| Independent   | *                                | Minus | ***                                | = |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |   |               |

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ =            |                | OR | X\$ =            |                |
| X =              |                | OR | X =              |                |
| + =              |                | OR | + =              |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

| AMENDMENT   | (Column 1)                       |       | (Column 2)                         |   | (Column 3)    |
|---|----------------------------------|-------|------------------------------------|---|---------------|
|   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR |   | PRESENT EXTRA |
| Total   | *                                | Minus | **                                 | = |               |
| Independent   | *                                | Minus | ***                                | = |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |   |               |

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ =            |                | OR | X\$ =            |                |
| X =              |                | OR | X =              |                |
| + =              |                | OR | + =              |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

| AMENDMENT   | (Column 1)                       |       | (Column 2)                         |   | (Column 3)    |
|---|----------------------------------|-------|------------------------------------|---|---------------|
|   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR |   | PRESENT EXTRA |
| Total   | *                                | Minus | **                                 | = |               |
| Independent   | *                                | Minus | ***                                | = |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |   |               |

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ =            |                | OR | X\$ =            |                |
| X =              |                | OR | X =              |                |
| + =              |                | OR | + =              |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.